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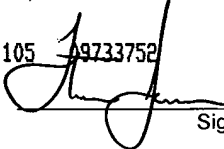
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PTO/SB/31 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>62898 (71589)</b>	
	In re Application of <b>Gaines W. Hammond et al.</b>		
	Application Number <b>09/733,752</b>	Filed <b>December 8, 2000</b>	
	For <b>FACILITATING DRAINAGE</b>		
	Art Unit <b>3738</b>	Examiner <b>B. E. Pellegrino</b>	
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ <u>500.00</u></span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>04-1105</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the <span style="margin-left: 100px;"><u>12/01/2005 DTESSEH1 00000012 041105 09733752</u></span></p> <p><input type="checkbox"/> applicant /inventor. <span style="margin-left: 100px;"><u>01 FC:1401 500.00 DA</u></span> <span style="float: right;"> Signature</span></p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <span style="float: right;"><u>Steven M. Jensen</u> Typed or printed name</span></p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42,693</u> <span style="float: right;"><u>(617) 439-4444</u> Telephone number</span></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ <span style="float: right;"><u>November 28, 2005</u> Date</span></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>			
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV756265855US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 28, 2005

Signature: \_\_\_\_\_



(Michelle Chicos)